

MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani
Bill Bagdon
Lucille Schacht

DATE: April 9, 1999

RE: Access Indicators for Adult Mental Health Outpatient Programs

The attached document is our first attempt to bring to life the recommendations of the PIP Advisory Group. The advisory group's recommendations for measures of access to services are applied to Adult Outpatient Programs in this document. In the future, similar documents will be prepared for other adult mental health programs, Children's Services programs, and the community mental health service delivery system as a whole. As you will see, the document includes the advisory group's recommendations, a set of tables and graphs that were prepared in response to those recommendations, and a methodological appendix.

As recommended by the advisory group, there is space at the end of the document for comments and interpretation from interested parties. We welcome your contributions to this section. (Written comments will be much easier for us to deal with.)

Please send your comments to any of us at DDMHS, or e-mail to jpandiani@ddmhs.state.vt.us.

Recommendations to Commissioner Rod Copeland

Regarding Indicators of Access to Mental Health Services

The Vermont Performance Indicator Project Advisory Groups recommend that the indicators of access to mental health services listed below be published on an annual basis and that the indicators be presented for the most recent year and historically to the extent that the data are available. Indicators should be published for the community mental health service delivery system as a whole, for the children's and adult mental health components separately, and, within the adult mental health component, for the Adult Mental Health Outpatient Program, the Community Rehabilitation and Treatment Program, and Emergency Services Program. Indicators should be published for the state as a whole and for each of the state's service areas.

Recommended Indicators of Access to Care

Client-focussed Indicators

How many people receive services from the publicly funded system of care?

Client-focussed indicators should include utilization rates for the population as a whole, for distinct age and gender categories, and for specified target populations.

Specified target populations for adult mental health programs should include people with serious mental illness, people with depressive disorders, people with previous inpatient behavioral health care in the Vermont State Hospital and in other settings, people with a history of incarceration, and people who are homeless. Specified target populations for children's mental health programs should include children and adolescents in SRS custody, children and adolescents receiving special education services for emotional and behavioral disorders, and children and adolescents enrolled in the Medicaid program. Utilization rates for children and adolescents in various types of residential care should also be published.

A composite measure of indicators of access to care in the "kite diagram" format should be prepared for each program, component, and service area.

Fiscal Indicators

How much money do agencies spend to serve people in need?

Fiscal indicators should include revenues and expenditures per capita and per client for each program, for the adult and children's service components as a whole, and for the total mental health component in each of the state's service areas. Fiscal indicators should also include breakdowns of revenues by source.

A composite "kite diagram" of fiscal measures should be prepared for each program.

Consumer Satisfaction

How satisfied are consumers with access to services?

In order to obtain consumer evaluation of community mental health programs, DDMHS should conduct surveys of consumers of mental health services on an annual basis. In addition, periodic surveys of the general population, family members, other service providers, and other stakeholders should be conducted to determine the perceived accessibility of the community programs.

A composite "kite diagram" of consumer and community evaluation of access to services should be prepared for each program.

Distribution

A formal report that includes the measures specified above should be prepared by DDMHS on an annual basis and made available to all stakeholder groups, including consumers, providers, mental health and other state agency staff, local and statewide program standing committees, and legislators. In addition, all performance indicators should be posted on the DDMHS World Wide Web home page.

Published indicators of access to care should include detailed methodological appendices with data sources, analytical methods, and definitions of terms. Stakeholders (providers, consumers, and others) should also be given the opportunity to comment on the performance indicators and to provide interpretation of the results.

Members of the Mental Health Performance Indicator Advisory Groups include:

Charles Bennett, Vermont Department of Health
Charlie Biss, Child Adolescent and Family Unit, DDMHS
John Burchard, University of Vermont
Sue Cano, Department of Education
Michael Curtis, Washington County Mental Health Services
Russell Frank, Office of Vermont Health Access
Vicki Hornus, Burlington Schools
Philip Kalish, National Alliance for the Mentally Ill of Vermont
Susan Kimmerly, Department of Social and Rehabilitation Services
David Long, Rutland Area Community Services
Ted Mable, Executive Director, Franklin/Grand Isle Mental Health Services
Alice Maynard, Child, Adolescent, and Family Unit, DDMHS
Melinda Murtaugh, Division of Mental Health, DDMHS
Linda Piasecki, Office of Alcohol and Drug Abuse Programs
Tom Powell, Department of Corrections
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Judy Sturtevant, Vermont Federation of Families for Children's Mental Health
Beth Tanzman, Adult Mental Health Unit, DDMHS
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